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## APPLICANTS

Joseph M. Almasian, Westford, MA;  
 Brett M. Belongia, North Andover, MA;  
 Frank Lentine, Bedford, MA;  
 Martin Morrissey, Beverly, MA;  
 Curtis Nauseda, Somerville, MA;  
 Chau Nguyen, Dorchester, MA;  
 Stephen Proulx, Boxborough, MA;  
 Naren Renganath, Burlington, MA;

## \*\* CONTINUING DATA \*\*\*\*

This appln claims benefit of 60/398,806 07/26/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 14	TOTAL CLAIMS 8 / 11	INDEPENDENT CLAIMS 3 / 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

25182

## TITLE

Sterile connector

FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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